

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 705 OF 705

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Portman For Senate Committee

Full Name (Last, First, Middle Initial)

A. ESOP Association PAC

Mailing Address 1726 M Street NW
Suite 501

City Washington State DC Zip Code 20036-4522

Purpose of Disbursement
Refund of Excess Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2015

Amount of Each Disbursement this Period

500

Transaction ID : B-E-54091

B. Ohio National Financial Services Political Action Committee

Mailing Address 1 Financial Way

City Montgomery State OH Zip Code 45242-5851

Purpose of Disbursement
Refund of Excess Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2015

Amount of Each Disbursement this Period

500

Transaction ID : B-E-56298

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1000.00

1000.00